

PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION
(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department PW+U - Road Ops		Your Department's Risk Management BARS Code: 150.100.6200.54290 .46.0030	
Employee Completing Report	Employee Name Bill FLANNERS		
	Division, Section, Etc. Roads		
	Work Address 4812 196th ST	Work Phone 98387 253-798-6000	
Person Injured/Involved in the Accident or Incident	Name Bill FLANNERS		Age 49
	Home Address 19040 SE 408th ENUMCLAW		Home Phone 360-825-6742
	Occupation HED		
	Employed By: PIERCE COUNTY		Work Phone
	What was the involved person doing at the time of accident or incident?		
Date, Time and Place	Date 5-14-10		Time 2:07
	Location 5709 144th ST		A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>
The Injury	Nature and extent of injury		
	Where was injured taken after accident?		Name of Doctor
	Why was injured on premises?		
Property Damage or Theft of Property	Owner's Name PHONE		Home Phone
	Address		
	List damage:		
	Police Case #:		
Description of Accident, Incident or Unsafe Condition	<small>(Attach additional sheets if necessary.)</small>		
	HIT PHONE LINE JUST UNDER SURFACE OF DITCH LINE HIT WHILE CLEANING DITCH		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #:		
Describe 1st Aid:		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Witnesses	Name	Address	Wk Phone
	Name	Address	Wk Phone
	Date, location and badge # or name of police authority to whom incident was reported:		
	Signature of Employee [Signature]		
Date 5-14-10		Signature of Department or Agency Head [Signature]	

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
955 Tacoma Avenue South, Suite 303
Tacoma, WA 98402



2010/05/14



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